

VENEREAL DISEASE AND THE PUBLIC*

BY

J. L. FLUKER

Charing Cross Hospital Group

Throughout education there are the teachers and the learners. There are also the problems of what should be taught and of the administrative arrangements necessary. The problem under review is no exception.

As the facts of sexually-transmitted diseases are closely linked with those of sex itself, and sex education ideally should be given to children by their parents, the answer would seem simple. Unfortunately, since many parents, particularly it would seem fathers, frequently neglect the most elementary instruction, it is unlikely that they will even mention the subject of venereal disease. Besides, it is improbable that they will have sufficient knowledge unless they themselves have been patients or have been in the services, and they will comfort themselves with the reflection that "it could not possibly happen to our children". Even if it does, the parents will probably never know anyway! Schools often attempt to fill the gap, at least in simple sex instruction, but the issue of venereal diseases is usually burked. Anyway, few school-teachers with whom I have discussed the matter know much about it.

It would seem incredible to the layman, but many nurses are wholly ignorant and numbers of practising doctors have had little or no tuition as medical students or are not *au fait* with modern developments in venereology. Clearly then, the mainspring of any initiative must come from those of us practising in the speciality, particularly if we are responsible for the teaching of medical students and nurses. Until quite recently, some prominent London Medical Schools had no consultant in venereology on their staff, and indeed some recent appointments have been made against considerable opposition from within the schools concerned. If leading members of our own profession could be so ill-informed, the general public cannot be expected to be anything but ignorant and prejudiced. Fortunately, there are grounds for expecting a much more enlightened professional attitude in the future.

The same strictures apply to the nursing profession but more so. Having moved around a bit, I have experienced the remarkable change in attitude of the nursing staff after having spent 2 or 3 years in particular hospitals. It is mainly in those hospitals

which have only sporadic encounters with the subject that attitudes of fear and prejudice are liable to be directed against the patient. Our own house is not therefore entirely in order, but satisfactory progress is now being achieved.

Turning to a consideration of the information to be imparted, this may be considered under two headings. First there are children and, secondly, those who having passed puberty have become capable of sexual activity including, of course, the majority of teenagers. To the former group, surely, too great an emphasis need not be laid on details, but coupled with illegitimacy these diseases should be depicted as the most undesirable consequences of the misuse of sex and of the lack of a sense of responsibility towards others. The importance of the last-mentioned cannot be overstressed, and it is up to the parents, above all others, to set a good example. So many of our troubles stem from the varying degrees of failure in this respect.

Turning to the sexually-active sections of the population, I cannot think that indiscriminate moralizing and castigation of the modern teenager does any real good. The modern generation is no worse than its predecessors. It may well be that their immediate elders set them a worse example than for sometime past. The problem of venereal disease in teenagers, while undoubtedly difficult, should not be exaggerated. It is perhaps unfortunate that factual definitions as to its extent are liable to be converted by the compression necessary in some press reports to a wholesale denunciation of young people in general which was never intended and may have the effect of antagonizing those whom it is most desired to help. My personal view is that moralizing beyond bare statements of fact is out of place in any educational programme. The main facts of the various diseases should be given without horrific detail. It should be stressed that complete cure, especially of syphilis, is easily attainable provided that medical instructions are implicitly obeyed. The facts of antibiotic insensitivity or resistance in gonorrhoea and of the relapsing tendency of non-gonococcal urethritis should underline the need for careful post-treatment surveillance. The latter condition is too readily dismissed as a "strain", often by doctors as well as patients. Statements that one injection of penicillin is all that is needed to

* Received for publication March 1, 1965.

cure gonorrhoea are misleading, if not actually dangerous, and it is unfortunate that a leading Sunday newspaper of great repute recently subscribed to this. Perhaps, above all, the fact that all these conditions are so often symptomless in the female and also technically difficult of diagnosis needs ramming home more than anything else. Finally, the widespread public belief that homosexual practices between males carry no risk of infection, which may even encourage some to indulge therein, needs to be countered much more energetically than hitherto. Throughout all this, people should be encouraged to seek advice from the clinics.

Local factors may determine the most suitable administrative measures. Local B.M.A. committees and church organizations may help though I have no direct experience of these. Local Authorities vary, some being wonderfully helpful while others offer passive resistance to co-operation of any kind. My most fruitful co-operation was in Birkenhead with the Medical Officer of Health, Dr J. Lobban. We met regularly and I was given facilities to address the whole Public Health staff including all the Health Visitors and those concerned with education and also the Local Medical Committee. In this way information was disseminated both to schools and to parents. I regard this co-operation as a model of what local authority action should be and rarely is. It is, of course, two-sided.

Sometimes there is a built-in reluctance to break silence on the part both of individuals and institutions. Two years ago I was approached unofficially on the possibility of a talk to an important school in London. I expressed readiness to address any group in the school from teachers and parents to pupils, and suggested a discussion with the appropriate authorities on how best to set about it. Nothing has happened since. It may be that for a stranger to address a large school gathering is not the best method. Small groups instructed by a more familiar figure, such as a teacher, may be more appropriate, but many teachers seem unwilling to undertake this instruction, regarding a nurse or doctor as better suited for the purpose.

Television and radio have a part to play. Presumably, the subject should be accorded a place in the ordinary run of medical programmes that are presented from time to time. An occasional programme for senior schools might not be inappropriate but presumably care would be necessary whatever the methods used not to engender any form of consumer resistance.

We should not lose any opportunity in the clinics themselves to enlighten our patients about their diseases. Many younger patients are the parents of

tomorrow. Even the apparently hopeless repeaters, who invariably default after treatment, can often be educated into attending at least once if symptoms appear!

The young girl from a middle-class family, afraid to tell her parents (who may be to blame for having neglected her education) and reluctant to consult the family doctor, is often in great difficulty, for apart from her ignorance she often has no idea where to go. The public must be told where the clinics are. In the past, some local authorities have been scandalously negligent, particularly in small towns where there is no clinic. If everyone here tonight chose one such place at random, it is unlikely that they would find such information available. Now that post offices and public libraries may show such particulars, the position should improve. Local newspapers may also carry helpful advertisements. Perhaps also local radio programmes announcing the sites and times of blood transfusion centres might include similar particulars about V.D. clinics from time to time. Cinemas and public houses, often chance trysting places that may lead to subsequent infection, might with poetic justice be persuaded to display such particulars in association with other public health notices, perhaps even on occasion effecting a weak measure of restraint! In practice, however, co-operation with the local clinic welfare officer is often rewarding, especially in the case of public houses.

There will always be people who cannot, or will not, exercise restraint and will be candidates for sexually-transmitted infection. Whilst agreeing that improved educational and social conditions will contribute to a significant reduction in the incidence of these maladies, I remain convinced that only first-class medicine and rapidly-effective therapy, without any failures, will ever eliminate them. The unjustifiable complacency of 10 years ago has now turned to undue alarm in some quarters, but I think that in this Society we have always held a more balanced view.

Summary

The problem of educating the general public is reviewed as a preliminary to further more detailed discussion of the various facts, suggestions, and possible solutions available.

Les maladies vénériennes et le public

RÉSUMÉ

Le problème d'instruire le grand public est passé en revue comme préliminaire à une discussion plus détaillée des différents faits, des suggestions et des solutions possibles qui sont disponibles.